

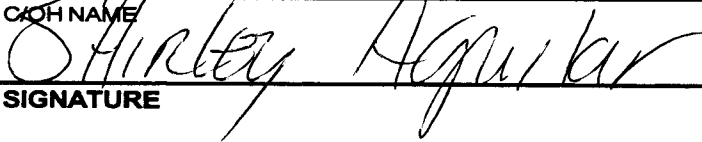
**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**RECEIVED  
CITY OF SAN ANTONIO  
CLERK

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

2001 JUL 23 A 11:56

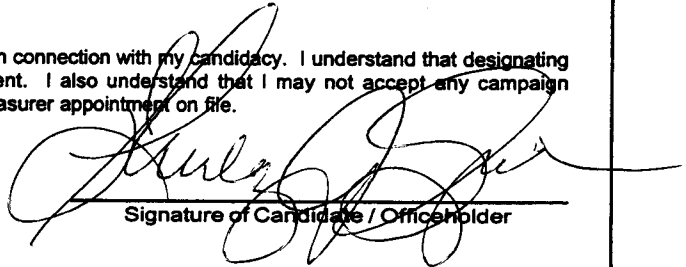
1 C/OH NAME



2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A &amp; B below only if you are a candidate --

**A. CAMPAIGN FUNDS**

Check only one:

☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

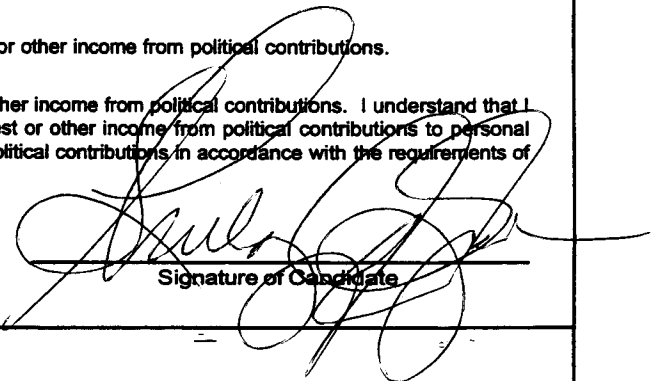
Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Mrs. Shirley A  
NICKNAME LAST SUFFIX  
AGUILAR

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

☐ Change of Address

125 Blue Star #3 SATX 78204

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr. Isreal  
NICKNAME LAST SUFFIX  
AGUILAR

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

125 Blue Star #3 SATX 78204

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 277-1574

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year

THROUGH

Month Day Year

04/24/01

07/15/01

10 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

05/05/01

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council Dist 5

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Rate)

## **16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

## **17 NO REPORTABLE ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

## **18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

## **EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

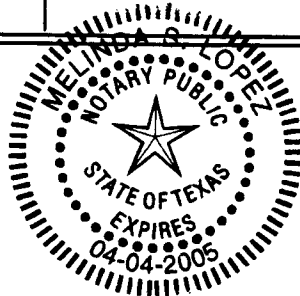
\$

## **OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

## **19 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shirley Aguilar, this the 23rd day of July, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

APR 27 P 3:38  
OFFICE USE ONLY

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
MRS. SHIRLEY A.  
NICKNAME LAST SUFFIX  
AGUILAR

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

125 BLUE STAR 3 SA TX 78204

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
MR. ISRAEL S.  
NICKNAME LAST SUFFIX  
AGUILAR

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

125 BLUE STAR 3 SA TX 78204

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 223-5077

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☒ 7th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year

03 / 05 / 01 THROUGH 04 / 27 / 01

10 ELECTION

ELECTION DATE  
Month Day Year

05 / 05 / 01

ELECTION TYPE

☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 5

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

14 C/OH NAME

SHIRLEY A. AGUILAR

15 ACCOUNT # (Ethics Commission file #)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate or officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,125.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 8,534.88

4. TOTAL POLITICAL EXPENDITURES

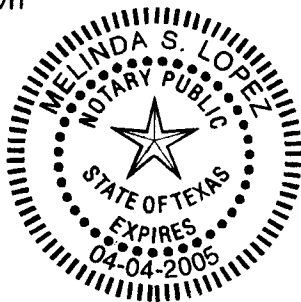
\$ 8,534.88

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,300.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Shirley A. Aguilar*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHIRLEY A. AGUILAR, this the 27<sup>th</sup> day of APRIL, 20 01, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*  
Signature of officer administering oath

Melinda S. Lopez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/DH, C/DH-SB, SC-C/DH,  
SC-SPAC, SPAC, & SPAC-SB)

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 Total pages in this Schedule A1<br>RECEIVED<br>CITY OF SAN ANTONIO<br>CITY CLERK |  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission filers)<br>2001 APR 27 P 3:38                       |  |
| 4 Date<br>4/12/01<br>4/18/01                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>ALFRED W. <del>RHODE</del> ROHDE, JR.<br>6 Contributor address; City; State; Zip Code<br>9510 LA RUE ST. SATX 78217 | 7 Amount of contribution (\$)<br>125.00  | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional)                         |   | 10 Employer (Optional)   |  |
| Date<br>4/15/01   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>PAUL M. JUAREZ<br>Contributor address; City; State; Zip Code<br>702 RIO GRANDE AUSTIN TX 78701                        | Amount of contribution (\$)<br>1,000.00  | In-kind contribution description (if applicable)   |
| Principal occupation (Optional)                           |   | Employer (Optional)  |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
| Principal occupation (Optional)                           |   | Employer (Optional)  |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
| Principal occupation (Optional)                           |   | Employer (Optional)  |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
| Principal occupation (Optional)                           |   | Employer (Optional)  |  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**2 FILER NAME**

SHIRLEY A. AGUILAR

2001 APR 21 P 338  
3. DISCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5 Date of loan**

4/24/01

**7 Name of lender**☐ out-of-state PAC (ID#: \_\_\_\_\_)

MR. VALIDAMER TRAC

**9 Loan Amount (\$)**

2,000.00

**6 Is lender a financial institution?**

Y

(N)

**8 Lender address; City; State; Zip Code**

422 CASS SA TX 78204

**10 Interest rate**

0

**11 Maturity date**

OPEN

**12 Description of Collateral**☐ none

NONE

**13 GUARANTOR INFORMATION**☐ not applicable**14 Name of guarantor**

SHIRLEY A. AGUILAR SA

**16 Amount Guaranteed (\$)**

2,300.00

**15 Guarantor address; City; State; Zip Code**

125 BLUE STAR 3 SATX 78204

**17 Principal Occupation****18 Employer****Date of loan**

4/27/01

**Name of lender**☐ out-of-state PAC (ID#: \_\_\_\_\_)

SHIRLEY A. AGUILAR

**Loan Amount (\$)**

2,300.00

**Is lender a financial institution?**

Y

(N)

**Lender address; City; State; Zip Code**

125 BLUE STAR 3 SATX 78204

**Interest rate**

0

**Maturity date**

OPEN

**Description of Collateral**☐ none**GUARANTOR INFORMATION**☐ not applicable**Name of guarantor****Guarantor address; City; State; Zip Code****Amount Guaranteed (\$)****Principal Occupation****Employer****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

Total pages Schedule F:

2 FILER NAME

SHIRLEY A. AGUILAR

2001

APR 27 P 3:38  
ACCOUNT # (Ethics Commission filers)

|  |                                       |               |
|--|---------------------------------------|---------------|
| 4 Date                                 | 5 Payee name<br><b>SEE ATTACHMENT</b> | 7 Amount (\$) |
| 6 Payee address; City; State; Zip Code |                                       |               |

|   |   |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code |            |             |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code |            |             |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code |            |             |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
1 Total Pages (Schedule G):

### 2 FILER NAME

SHIRLEY A. AGUILAR

2001

ACCOUNT # (Ethics Commission filers)

|        |   |   |
|--------|---|---|
| 4 Date | 5 Payee name<br>SEE ATTACHMENTS   | 8 Amount (\$)   |
|        | 6 Payee address; City; State; Zip Code  |   |
|        | 7 Purpose of expenditure (See instructions regarding type of information required.) | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)   |
|        | Payee address; City; State; Zip Code  |   |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)   |
|        | Payee address; City; State; Zip Code  |   |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)   |
|        | Payee address; City; State; Zip Code  |   |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name<br>SEE ITEMIZED<br>ATTACHMENT  | Amount (\$)   |
|        | Payee address; City; State; Zip Code  |   |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



## Expenses

|                                    |           |
|------------------------------------|-----------|
| 3/25/01 Food for Voluteers         | \$ 3.20   |
| 3/26/01 Food for Voluteers         | \$ 5.22   |
| 3/26/01 Food for Voluteers         | \$ 1.80   |
| 3/26/01 Snacks for volunteers      | \$ 3.48   |
| 3/27/01 Gas                        | \$ 6.48   |
| 3/27/01 Gas                        | \$ 10.00  |
| 3/27/01 Direct materials for signs | \$ 47.16  |
| 3/27/01 Food for Voluteers         | \$ 5.12   |
| 3/28/01 Food for Voluteers         | \$ 5.88   |
| 3/28/01 Food for Voluteers         | \$ 12.16  |
| 3/29/01 Gas                        | \$ 10.00  |
| 3/29/01 Gas                        | \$ 10.00  |
| 3/30/01 Cokes                      | \$ 13.63  |
| 3/30/01 Cokes                      | \$ 16.62  |
| 3/30/01 Food for Voluteers         | \$ 3.22   |
| 3/31/01 Food for Voluteers         | \$ 10.87  |
| 3/31/01 Snacks for volunteers      | \$ 4.86   |
| 3/31/01 Food for Voluteers         | \$ 2.78   |
| 3/31/01 Copies                     | \$ 0.65   |
| 3/31/01 Gas                        | \$ 8.00   |
| 4/1/01 Food for Voluteers          | \$ 10.72  |
| 4/1/01 Food for Voluteers          | \$ 3.24   |
| 4/1/01 lunch meeting               | \$ 126.78 |
| 4/2/01 lunch meeting               | \$ 28.18  |
| 4/2/01 Photos & Cokes              | \$ 14.94  |
| 4/3/01 Gas                         | \$ 19.18  |
| 4/4/01 Direct materials for signs  | \$ 2.15   |
| 4/4/01 Gas                         | \$ 7.00   |
| 4/4/01 Food for Voluteers          | \$ 4.09   |
| 4/4/01 Food for Voluteers          | \$ 6.40   |
| 4/4/01 Food for Voluteers          | \$ 8.56   |
| 4/4/01 Food for Voluteers          | \$ 5.76   |
| 4/5/01 Gas                         | \$ 5.00   |
| 4/6/01 lunch meeting               | \$ 17.80  |
| 4/6/01 Food for Voluteers          | \$ 5.91   |
| 4/7/01 Gas                         | \$ 10.00  |
| 4/7/01 Food for Voluteers          | \$ 4.29   |
| 4/7/01 Food for Voluteers          | \$ 3.20   |
| 4/8/01 Gas                         | \$ 9.00   |
| 4/9/01 Copies                      | \$ 1.79   |
| 4/10/01 Gas                        | \$ 10.00  |
| 4/10/01 Food for Voluteers         | \$ 1.00   |
| 4/10/01 Food for Voluteers         | \$ 2.16   |
| 4/11/01 Gas                        | \$ 3.20   |
| 4/12/01 Food for Voluteers         | \$ 4.09   |
| 4/12/01 Copies                     | \$ 0.86   |
| 4/12/01 Food for Voluteers         | \$ 5.04   |
| 4/12/01 Direct materials for signs | \$ 25.61  |
| 4/13/01 Gas                        | \$ 4.00   |
| 4/14/01 Gas                        | \$ 14.23  |
| 4/16/01 Food for Voluteers         | \$ 4.48   |
| 4/16/01 Food for Voluteers         | \$ 2.16   |


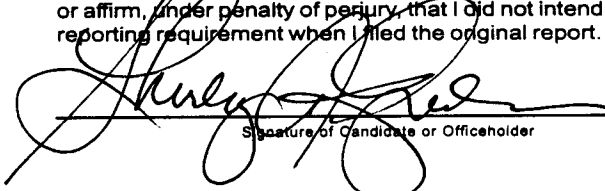
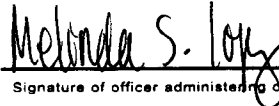
## Expenses

|  |   |                 |
|--|---|-----------------|
| 4/16/01 Headquarters Rent                  | RECEIVED<br>CITY OF SAN ANTONIO<br>CITY CLERK | \$ 100.00       |
| 4/16/01 SW Bell                            |   | \$ 90.00        |
| 4/17/01 Food for Voluteers                 |   | \$ 13.17        |
| 4/18/01 Dinner meeting                     | 2001 APR 27 P 3:30                            | \$ 30.00        |
| 4/18/01 Post office                        |   | \$ 13.60        |
| 4/19/01 Gas                                |   | \$ 16.88        |
| 4/19/01 Dinner meeting                     |   | \$ 129.30       |
| 4/19/01 Copies                             |   | \$ 2.80         |
| 4/20/01 BBQ Event                          |   | \$ 251.24       |
| 4/20/01 BBQ Event                          |   | \$ 120.25       |
| 4/22/01 Food for Voluteers                 |   | \$ 3.20         |
| 4/23/01 Food for Voluteers                 |   | \$ 6.36         |
| 4/23/01 Copies                             |   | \$ 0.56         |
| 4/23/01 Copies                             |   | \$ 16.65        |
| 4/23/01 Food for Voluteers                 |   | \$ 17.31        |
| 4/24/01 lunch meeting                      |   | \$ 10.34        |
| 4/24/01 Gas                                |   | \$ 15.39        |
| 4/24/01 T-shirts                           |   | \$ 150.00       |
| 4/24/01 lunch meeting                      |   | \$ 28.20        |
| 4/24/01 Partial payment on Political Signs |   | \$ 500.00       |
| 4/24/01 Phone Bankers                      |   | \$ 350.00       |
| 4/24/01 Campaign Labor                     |   | \$ 448.00       |
| 4/25/01 Gas                                |   | \$ 12.10        |
| 4/25/01 Copies                             |   | \$ 0.76         |
| 4/25/01 Gas                                |   | \$ 19.01        |
| 4/25/01 Campaign Labor                     |   | \$ 5,500.00     |
| <br>TOTAL                                  |   | <br>\$ 8,534.88 |

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

RECEIVED  
CITY CLERK  
2001 APR 23 A 8:59

See backside for instructions

|  |  |
|--|--|
| <b>1</b> ACCOUNT #   | <b>2</b> Total pages filed:  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME<br><br>TITLE FIRST MI<br>Mrs. Shirley A.<br>NICKNAME LAST SUFFIX<br>Aguilar   | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Legal Totals<br><br>Date Processed<br><br>Date Imaged                                       |
| <b>4</b> ORIGINAL REPORT TYPE<br><br><input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)<br><input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit<br><input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report  | Month Day Year      Month Day Year<br>01 / 07 / 01      THROUGH      03 / 24 / 01  |
| <b>5</b> ORIGINAL PERIOD COVERED   | <b>6</b> EXPLANATION OF CORRECTION<br><br><div style="font-size: 1.2em; font-family: cursive;">           Inadvertently attached completed C/OH-FR with 30 day report submitted on April 5, 2001.         </div> |
| <b>7</b> AFFIDAVIT<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p>AFFIX NOTARY STAMP &amp; SEAL ABOVE</p> </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <div style="text-align: center;"> <br/>           Signature of Candidate or Officeholder         </div> </div> </div> <p>Sworn to and subscribed before me by <u>Shirley Aguilar</u> this the <u>23</u> day of <u>April</u>, 20<u>01</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <br/>           Signature of officer administering oath         </div> <div style="width: 30%;"> <u>Melinda S. Lopez</u><br/>           Printed name of officer administering oath         </div> <div style="width: 30%;"> <u>Notary</u><br/>           Title of officer administering oath         </div> </div> |  |
| <b>Remember To Attach Any Part Of The Campaign Finance Report Form<br/>Needed To Report And Explain Corrections</b>  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>   |  | <p><b>1 ACCOUNT #</b><br/>(Ethics Commission filers)</p>   |  | <p><b>2 Total pages filed:</b></p>  |  |
| <p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>  |  | <p><b>TITLE</b><br/>Mrs. Shirley A. Aguilar<br/><small>NICKNAME FIRST LAST MI SUFFIX</small></p>   |  | <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <p>Receipt # Amount</p> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p> |  |
| <p><b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b></p> <p><input type="checkbox"/> Change of Address</p>   |  | <p><b>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b><br/>125 Blue Star 3 SATX 78204</p>  |  |   |  |
| <p><b>5 CAMPAIGN TREASURER NAME</b></p>  |  | <p><b>TITLE</b><br/>Mrs. Grace Acuna<br/><small>NICKNAME FIRST LAST MI SUFFIX</small></p>  |  |   |  |
| <p><b>6 CAMPAIGN TREASURER ADDRESS</b><br/>(Residence or business)</p>   |  | <p><b>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</b><br/>530 PINE HURST SATX 78221</p>  |  | <p style="text-align: center;">RECEIVED<br/>CITY OF SAN ANTONIO<br/>CITY CLERK<br/>2001 APR - 5 PM<br/>4:00</p>   |  |
| <p><b>7 CAMPAIGN TREASURER PHONE</b></p>   |  | <p><b>AREA CODE PHONE NUMBER EXTENSION</b><br/>(210) 922-3837</p>  |  |   |  |
| <p><b>8 REPORT TYPE</b></p> <p> <input type="checkbox"/> January 15    <input checked="" type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br/> <input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final report (Attach C/OH - FR)         </p> |  |  |  |   |  |
| <p><b>9 PERIOD COVERED</b></p>   |  | <p>Month Day Year    <b>THROUGH</b>    Month Day Year<br/>01/07/01    03/24/01</p>   |  |   |  |
| <p><b>10 ELECTION</b></p>  |  | <p><b>ELECTION DATE</b>    <b>ELECTION TYPE</b></p> <p>Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special</p> <p>/ /   </p>   |  |   |  |
| <p><b>11 OFFICE</b></p>  |  | <p><b>OFFICE HELD (if any)</b></p>   |  | <p><b>12 OFFICE SOUGHT (if known)</b><br/>City Council Dist 5</p>   |  |
| <p><b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b></p> <p><input type="checkbox"/> additional pages</p>   |  | <p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code</p> <hr/> |  |   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

2913.87

4. TOTAL POLITICAL EXPENDITURES

\$

2913.87

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIDAVIT NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shirley A. Aguilar, this the 5th day

of April 2001, to certify which, witness my hand and seal of office.

Signature of Candidate or Officeholder

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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**SCHEDULE E**

**LOANS**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address;

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

15 Guarantor address;

City;

State;

Zip Code

16 Amount Guaranteed (\$)

☐ not applicable

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

Amount Guaranteed (\$)

☐ not applicable

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount  
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**RECEIVED  
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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

|   |   |   |  |
|---|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.                       |   | 1 Total pages Schedule H:   |  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission filers)  |  |
| 4 Date  | 5 Business name<br><br>.....<br>6 Business address; City; State; Zip Code | 7 Amount (\$)   |  |
| 8 Purpose of payment (See instructions regarding type of information required.) |   | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |  |
| Date  | Business name<br><br>.....<br>Business address; City; State; Zip Code     | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |  |
| Date  | Business name<br><br>.....<br>Business address; City; State; Zip Code     | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |  |
| Date  | Business name<br><br>.....<br>Business address; City; State; Zip Code     | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |  |
| Date  | Business name<br><br>.....<br>Business address; City; State; Zip Code     | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |  |

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payor name**8** Amount  
(\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount  
(\$)

Payor address; City; State; Zip Code

Reason for credit

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

### A. CAMPAIGN FUNDS

Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

## 5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder



## Expenses

|   |           |
|---|-----------|
| 1/7/01 Evening meeting  | \$ 9.50   |
| 1/9/01 Post office  | \$ 27.50  |
| 1/17/01 Rosario's lunch meeting                               | \$ 17.78  |
| 1/20/01 Toiletries for headquarters                           | \$ 2.36   |
| 1/20/01 Gas   | \$ 10.00  |
| 1/20/01 Cokes   | \$ 3.55   |
| 1/20/01 Gas   | \$ 5.00   |
| 1/20/01 Cokes   | \$ 3.55   |
| 1/20/01 Food for Voluteers                                    | \$ 21.01  |
| 1/21/01 Toiletries for headquarters                           | \$ 3.91   |
| 1/21/01 Refreshments for volunteers                           | \$ 3.99   |
| 1/21/01 Food for Voluteers                                    | \$ 14.74  |
| 1/22/01 lunch meeting   | \$ 13.12  |
| 1/23/01 Cokes   | \$ 5.39   |
| 1/23/01 Gas   | \$ 15.90  |
| 1/23/01 Breakfast meeting                                     | \$ 4.67   |
| 1/23/01 Afternoon meeting                                     | \$ 7.93   |
| 1/24/01 Breakfast meeting                                     | \$ 6.12   |
| 1/26/01 Gas   | \$ 11.19  |
| 1/27/01 Food for Voluteers                                    | \$ 15.71  |
| 1/28/01 Food for Voluteers                                    | \$ 5.40   |
| 1/30/01 Gas   | \$ 10.00  |
| 1/30/01 Rreshments for coffee meeting                         | \$ 12.15  |
| 1/30/01 lunch meeting   | \$ 14.02  |
| 1/31/01 Office supplies                                       | \$ 19.39  |
| 1/31/01 Food for Voluteers                                    | \$ 8.49   |
| 2/1/01 Snacks for volunteers                                  | \$ 27.97  |
| 2/1/01 2 mos. supply of cokes, juices, & chips for volunteers | \$ 105.41 |
| 2/3/01 Toiletries for headquarters                            | \$ 3.01   |
| 2/3/01 Gas  | \$ 12.40  |
| 2/3/01 Gas  | \$ 12.40  |
| 2/4/01 Cookies for seniors                                    | \$ 5.00   |
| 2/4/01 Direct materials for signs                             | \$ 131.45 |
| 2/4/01 Afternoon meeting                                      | \$ 6.46   |
| 2/6/01 Albertson's Deli Board                                 | \$ 43.98  |
| 2/8/01 PM meeting   | \$ 14.56  |
| 2/10/01 Food for Voluteers                                    | \$ 24.37  |
| 2/10/01 Breakfast meeting                                     | \$ 19.44  |
| 2/11/01 Food for Voluteers                                    | \$ 6.12   |
| 2/12/01 Kinko's   | \$ 28.69  |
| 2/13/01 Breakfast meeting                                     | \$ 9.01   |
| 2/13/01 Afternoon meeting                                     | \$ 10.96  |
| 2/14/01 Food for Voluteers                                    | \$ 6.37   |
| 2/14/01 Celery tray produce for coffee meet                   | \$ 9.96   |
| 2/14/01 PM meeting  | \$ 14.11  |
| 2/15/01 Breakfast meeting                                     | \$ 4.16   |
| 2/15/01 Gas   | \$ 10.00  |
| 2/16/01 PM meeting  | \$ 14.30  |
| 2/16/01 Headquarter rent                                      | \$ 100.00 |
| 2/17/01 Food for Voluteers                                    | \$ 37.37  |
| 2/17/01 Food for Voluteers                                    | \$ 5.48   |

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## Expenses

|   |           |
|---|-----------|
| 2/19/01 Office Depot printer supplies                 | \$ 8.88   |
| 2/21/01 Copies  | \$ 1.08   |
| 2/21/01 Items for Kick-off party                      | \$ 24.81  |
| 2/22/01 lunch meeting                                 | \$ 21.21  |
| 2/23/01 lunch meeting                                 | \$ 23.44  |
| 2/23/01 Public Relations                              | \$ 118.66 |
| 2/23/01 T-shirts                                      | \$ 80.58  |
| 2/23/01 Gas   | \$ 17.25  |
| 2/23/01 lunch meeting                                 | \$ 29.89  |
| 2/24/01 Copies  | \$ 8.31   |
| 2/25/01 Copies  | \$ 3.20   |
| 2/25/01 PM meeting                                    | \$ 19.46  |
| 2/26/01 Refreshments for volunteers                   | \$ 2.99   |
| 2/26/01 Gas   | \$ 3.75   |
| 2/26/01 T-shirts                                      | \$ 53.72  |
| 2/26/01 lunch meeting                                 | \$ 8.94   |
| 2/27/01 Posr Office                                   | \$ 55.12  |
| 2/27/01 Gas   | \$ 13.70  |
| 3/1/01 Direct materials for signs                     | \$ 4.31   |
| 3/1/01 Food for Voluteers                             | \$ 4.64   |
| 3/2/01 Refreshments for volunteers                    | \$ 18.53  |
| 3/2/01 Items for coffee meet                          | \$ 10.17  |
| 3/2/01 Copies   | \$ 3.24   |
| 3/4/01 Copies   | \$ 1.40   |
| 3/4/01 Food for Voluteers                             | \$ 20.00  |
| 3/4/01 Gas  | \$ 13.44  |
| 3/7/01 Gas  | \$ 8.96   |
| 3/7/01 Office Depot printer supplies                  | \$ 28.58  |
| 3/8/01 Gas  | \$ 5.50   |
| 3/8/01 Copies   | \$ 0.54   |
| 3/9/01 Briskets for Kick-off party                    | \$ 170.00 |
| 3/10/01 Keg for Kick-off party                        | \$ 47.50  |
| 3/10/01 DJ for kick-off party                         | \$ 100.00 |
| 3/11/01 Food for Voluteers                            | \$ 11.37  |
| 3/11/01 lunch meeting                                 | \$ 18.12  |
| 3/12/01 Gas   | \$ 10.00  |
| 3/12/01 Food for Voluteers                            | \$ 3.50   |
| 3/12/01 Political Signs                               | \$ 500.00 |
| 3/14/01 Food for Voluteers                            | \$ 4.48   |
| 3/14/01 Food for Voluteers                            | \$ 5.01   |
| 3/15/01 Food for Voluteers                            | \$ 12.65  |
| 3/15/01 Copies  | \$ 6.22   |
| 3/15/01 Copies  | \$ 1.29   |
| 3/16/01 Cookies for seniors                           | \$ 8.00   |
| 3/16/01 refreshments for coffee meeting               | \$ 9.46   |
| 3/16/01 Food for Voluteers                            | \$ 19.56  |
| 3/16/01 Gas   | \$ 12.55  |
| 3/16/01 Gas   | \$ 12.55  |
| 3/16/01 Headquarter rent                              | \$ 100.00 |
| 3/16/01 SWBell phone bill for headquarters for 3 mos. | \$ 150.00 |
| 3/17/01 Food for Voluteers                            | \$ 2.26   |

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## Expenses

|  |          |
|--|----------|
| 3/19/01 Copies                           | \$ 3.10  |
| 3/19/01 Copies                           | \$ 2.16  |
| 3/19/01 Table clothes for Kick-off party | \$ 32.36 |
| 3/19/01 Gas                              | \$ 7.00  |
| 3/19/01 Water                            | \$ 1.79  |
| 3/19/01 Produce for PR fruit Baskets     | \$ 8.37  |
| 3/20/01 Evening meeting                  | \$ 27.94 |
| 3/21/01 Breakfast meeting                | \$ 3.24  |
| 3/21/01 Food for Voluteers               | \$ 7.72  |
| 3/21/01 lunch meeting                    | \$ 15.48 |
| 3/22/01 Gas                              | \$ 20.00 |
| 3/22/01 Gas                              | \$ 4.01  |
| 3/23/01 Afternoon meeting                | \$ 8.40  |
| 3/24/01 Refreshments for volunteers      | \$ 18.13 |

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